



## MONTANA GUARANTEED STUDENT LOAN PROGRAM

**Mailing Address:**  
PO Box 203101  
Helena, Montana 59620-3101

**DEFAULT RESOLUTION UNIT**  
postclaims@mgsfp.state.mt.us

(406) 444-6594  
FAX (406) 444-1869  
**TOLL FREE:** (800) 322-3086

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### LOAN REHABILITATION AND CONSOLIDATION REQUEST FORM

Please print out and complete the information on this form and mail it to the above address. If you are requesting the loan rehabilitation program you are also required to print out and complete a current financial statement.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

☐ I would like to enter into the Loan Rehabilitation Program

☐ I would like to enter into the Loan Consolidation Program

Please contact me at the above address and phone number to set up payments and arrangements for my student loans.

Sincerely,

Signature \_\_\_\_\_

Date \_\_\_\_\_